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THE CANADIAN NURSE

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Editor and Business Manager.....MISS HELEN RANDAL, R.N.

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Diabetes

By GLADYS L. BOYD, M.B.,
Visiting Physician, Hospital for Sick Children, Toronto.

Read before the Annual Convention of the Graduate Nurses' Association of Ontario, at Peterboro, April 6th, 1923.

Diabetes is a disorder of metabolism in which the body is unable to utilize carbohydrate and consequently incapable of burning fats.

The first record of the disease is found in an old Egyptian papyrus written before the time of Moses. Further mention of it is not found until about 150 A.D., when a Roman physician contemporary, with Galen, wrote a treatise describing it as "the melting down of the flesh into urine," and gave it its name from the Greek word, meaning "to syphon." Centuries elapsed before European medicine again refers to the disease, but evidence that the Hindus recognized it in the sixth century is contained in the Ayrer Vede.

None of these ancient observers associated the symptoms of thirst and polyuria they described with faulty metabolism of carbohydrate, nor recognized that the urine contained sugar. Wells, in the seventeenth century, was the first to note that the urine was sweet to the taste, and not until the end of the eighteenth century was it determined by chemical tests that the sweet taste was due to sugar. At this time reports of such tests were published by an Englishman, Dobson. In 1797, Rollo recommended a meat diet as the first therapeutic measure suggested in the treatment of the disease.

Modern study of the disease begins with the work of Claude Bernard about the middle of the last century. He recognized the sugar in the urine, and found that puncture of the floor of the fourth ventricle at the base of the brain also produced glycosuria. He also noted that glycogen was stored in the liver, and suggested that in normal individuals some internal secretion in the blood again converted the glycogen into glucose, in which form it is used by the body, and in diabetes this secretion was lacking. The function of the pancreas in furnishing this secretion was not proven until 1889, when von Mehring and Minkoswski produced severe and fatal diabetes in dogs by complete removal of the pancreas. Numerous workers have since then repeated this experiment and corroborated their results.

Since the discovery of the lack of the internal secretion of the pancreas being the cause of diabetes, numerous investigators have attempted to cure the disease by the administration of pancreatic extracts prepared and given in different ways. Negative and even harmful results have resulted from feeding pancreas. In 1907, Rennie and Fraser, two Englishmen, thinking that the cause of failure might be due to the digestion of the internal secretion of the pancreas, the digestive ferments produced by the organ, obtained pancreatic tissue from teleostat fishes, in which the portions of the organs producing these two ferments were separate, and fed them to patients. They were unable to obtain any beneficial effect, as the patients' digestive ferments broke down the extract. Had these observers tried injecting their extracts, "insulin" would have been discovered years earlier. In 1913, Murlin, and a little later Kleiner and Paulesco, injected aqueous extracts of pancreas and produced transitory lowering of the blood sugar. Allen, one of the foremost authorities on diabetes, reviewed all the literature on the use of pancreatic extracts up until 1913, and concluded that extracts of the pancreas possessed no clinical value.

In the summer of 1921, Dr. Banting and Mr. Best started to reinvestigate this problem. They believed that pancreatic extracts, as usually prepared, were unsatisfactory because the digestive ferments they contained destroyed the internal secretion. The elimination of these ferments was their first problem.

To understand their work, let me explain a little about pancreas. This organ contains two distinct types of tissue. First, there is the

acinous or glandular portion, numerous minute glands throughout the pancreas, which produce a digestive enzyme and open by many ducts into one main duct, which in turn empties into the intestine. Secondly, separated by connective tissue from these glands are found numerous small islands of tissue which are richly vascular and which do not open into any ducts. This island tissue produces a ferment to which passes directly into the blood stream and is known as an internal secretion. Disease of these islands and consequent lack of this internal secretion is the cause of diabetes.

Banting and Best found that when they tied off the ducts from the pancreas this island tissue remained intact, but in from seven to ten weeks the acinous tissue degenerated. They therefore performed this operation in dogs, and ten weeks later removed the pancreas and extracted it with an ice cold saline solution. These extracts were destroyed if they were mixed with the digestive ferment of the pancreas. Extracts obtained in this way were the first "insulin" used. They proved highly potent when injected into diabetic dogs and ameliorated all their symptoms, but were difficult to obtain. It has been noted by earlier workers that the pancreas of the foetus was rich in island tissue and contained little, if any, of the acinar tissue. Banting and Best then extracted the pancreatic tissue taken from fetal calves and obtained a highly potent and readily procurable extract. Such extracts when injected into completely diabetic dogs, which do not usually live longer than two weeks, prolonged life for seventy days, at which time the animals were killed. The blood sugar was reduced, the urinary sugar disappeared, and studies on the metabolism of the dogs showed them to be utilizing the ingested carbohydrate.

These results obtained in dogs led these workers to expect that potent extracts suitable for administration to human diabetics might be obtained. Further investigation led to the production of such an extract, which was sterile and could be given safely to a human being. Various modifications of this method have since been made, but the same general principles still obtain in the production of insulin.

The amount of insulin has been limited and not available for all in the past. To insure against mishaps, its uses have been limited to certain experienced workers, but means are now being taken whereby physicians all over the province who take a short course in its use will be able to obtain some of the extract for use in private practice.

The cause of the destruction of the islands and of diabetes has not yet been determined. Heredity and infections are usually blamed, and probably some cases are due to each. The disease frequently occurs in several members of a family, suggesting its hereditary nature, and frequently follows acute infections, such as tonsillitis and influenza. These infections usually make the disease worse when it is present. Obesity in middle life is regarded as a predisposing factor, probably because both conditions result from prolonged overfeeding. Certain races, particularly

the Jews, are more susceptible to this disease. The number of cases is increasing in late years, especially on this continent, due probably to the combination of more food and less exercise.

Diabetes may be either acute or chronic. Usually the younger the individual, the more acute and fatal the disease proves. In children it may last two or three months and occasionally five or six years, never longer, while adults may live twenty-five to thirty years with it. The passage of a large volume of urine, increased thirst and appetite, often accompanied by loss of sight, should suggest examination of the urine for sugar at once. In a child a history of more or less sudden onset of enuresis, plus loss of weight, is often obtained. Skin infections, such as boils and carbuncles, are frequent complications. Trivial incidents of ordinary life, such as a cold, or wet feet, lower a diabetic tolerance to carbohydrate or even usher in coma. About seventy-five per cent. of diabetics die in coma. The remainder succumb to some intercurrent infection to which they are particularly prone.

Diabetic coma is due to the accumulation in the blood and tissues of the imperfectly oxidized end products of fats, which the body is unable to burn completely without carbohydrates. It is frequently preceded by headaches, restlessness, severe abdominal pain and vomiting. Then the patient becomes more and more drowsy, and rouses only at times. The coma gradually deepens, until the patient cannot be roused at all. The breath has a peculiar odor ascribed to acetone. Breathing is deep and sighing. The patient may die this way, or convulsions may precede death.

The diagnosis of diabetes is made by examination of the blood and urine, and the finding in both, or in the blood alone, of more than the normal amount of sugar. Glycosuria, with a normal blood sugar, is not due to faulty carbohydrate metabolism at all, but simply an increased permeability of the kidney for glucose. It is known as renal diabetes, and diabetic treatment is both useless and unnecessary. On the other hand, a high blood sugar, with or without glycosuria, means diabetes.

The ultimate aim of all treatment, which has chiefly been dietetic, was to give absolute rest to the pancreas, as experimental work has shown that island tissue may regenerate or new islands form under such conditions. The success or failure of such treatment was judged by its effect on the excretion of sugar, and of late on the blood sugar. In order to do this the diet was usually of necessity so low in total calories as to make the patient lose weight and to stunt the growth in children. In making up a diet, fats, carbohydrates and protein must all receive consideration. About half the protein ingested can be converted into carbohydrate. The proportion of fat to carbohydrate must not be too great, or acidosis and sometimes coma ensues. The most satisfactory diets from the point of view of palatability and the total calories they contain can be prepared with fairly high proportions of fat and small amounts of both carbohydrate and protein.

The effects of insulin on treatment must be considered (1) the more or less chronic cases and (2) in coma cases.

A cure of diabetes with insulin has never been promised, but it furnishes a means whereby a patient's blood sugar may be kept low and his pancreas at rest, while he takes sufficient diet to maintain him in health and strength, and, in children, gets a chance to grow. The majority of adult diabetics can be treated efficiently by diet alone; the more severe adult cases, and most children, cannot. Following a course of insulin treatment, in which the blood sugar is kept low, there is at least a temporary increase in the patient's tolerance to carbohydrates. Time will have to elapse before the permanency of such a change can be determined. The transformation of an emaciated dwarf, which a chronic diabetic child usually is, into a healthy looking boy or girl is a most convincing argument of the value of insulin in chronic diabetes.

Insulin is a specific in the treatment of diabetic coma, and the only valuable means of combating this condition successfully. Adults occasionally recovered from coma without insulin and in spite of treatment; children never did. Recovery from coma is practically a certainty with insulin if the treatment is started within forty-eight hours of its onset. After this the sympathetic nervous system has become poisoned by the toxic end products of the imperfectly oxidized fats, viz., acetone acid, diacetic acid, and chances of recovery are lessened. Treatment should be started at once, the insulin being injected in large doses subcutaneously or intravenously, depending on the urgency of the case. Fluids usually in the form of ten per cent. glucose should be pushed. If the patient is unable to take fluid per mouth, interstitial and intravenous injections must be given. The bowels must be cleaned out. The patient must be kept warm. Coma patients frequently have subnormal temperatures. No case of diabetic coma should be regarded as hopeless until life is extinct. It is a remarkable sight to see an almost moribund patient respond to treatment with insulin. Recovery may start almost at once, or may be absent clinically for several days and yet complete cure results. During the treatment, frequent examinations of the patient's blood and urine are necessary to determine the adequate dose of insulin and to indicate progress towards recovery before the clinical evidence is present.

In conclusion, it is not too much to state that the discovery of insulin has given a brighter and more hopeful outlook to all diabetics. To most children with diabetes, who were formerly regarded by most as too hopeless to be worth treatment, it has given life itself. Its greater availability in the near future will, of course, greatly widen its value.

More of the green raw foods, of natural foods, are needed as an added part of our diets.—PERCY HOWE.

The International Council of Nurses

By ETHEL G. FENWICK,
Founder, International Council of Nurses.

We are receiving letters from various National Associations of Trained Nurses, federated in the International Council of Nurses, asking for information as to its connection, if any, with the new organization termed "The European Council for Nursing Education," promoted by the League of Red Cross Societies, which has now its headquarters in Paris, and which recently held its second annual meeting there.

At the present there is no connection between the two organizations, but the fundamental difference in the organization of the two councils is —that the International Council of Nurses is composed of Federated National Organizations of Trained Nurses, and is, therefore, a purely professional council, and the new organization is not.

The I.C.N. meets triennially for the purpose of (a) providing a means of communication between the nurses of all nations, and (b) to provide opportunities for nurses to meet together from all parts of the world, to confer, and take action, upon questions relating to the welfare of their patients and their profession. The International Council has adopted resolutions (1) in support of an international standard of nursing education based upon a term of three years' training, and (2) in favor of State organization and registration of trained nurses, and has held nursing conventions of world-wide interest and influence in London, Berlin, Buffalo, Paris, Cologne, and in other cities, and during the war kept in touch, through their official organs, with the National Councils of Nurses in Great Britain and Ireland, the United States of America, Canada, New Zealand, India, South Africa, Denmark, Holland, Belgium, Norway, Finland, Italy, and China, with France through Dr. Anna Hamilton, vice-president, and with nurses in many other parts of the world.

At the business meeting of the council, held at Copenhagen last May, Baroness Mannerheim, president of the National Council of Nurses of Finland, was elected president, and the International Council is convened to meet at Helsingfors in 1925.

We hope the National Councils of Nurses will jealously guard their fundamental basis of professional membership, just as the International Medical Council does; it is imperative if the professional and economic status of the Nurses' Council is to have full and sufficient liberty of thought and action.

The International Council has nothing narrow in its outlook, and invites and welcomes fraternal delegates who are not nurses to its conferences; but, of course, quite rightly, these guests are not empowered to vote and decide its professional policy.

We gather that the policy of the European Council for Nursing Education, which at present is a little young to assume this somewhat

inclusive title, approves of definitely recognizing the interdependence of nurses and those interested in promoting nursing education—such as hospital administrators, Red Cross officials, doctors, and other lay persons. In other words, it does not propose to organize on a professional basis, so that it should in no way assume to compete with the International Council of Nurses, which is founded on this rock, any more than it would assume to dictate to the Medical International on medical ethics and education.

Full and free discussion between the laity and members of professions, the policy of the European Council, has its uses no doubt. It also has its dangers if the laity assume a right to control as the British Red Cross Society does in this country—where there is not one registered nurse on its council or committees, and where social influence and money alone secure representation.

None of the ladies promoting the European Council have ever had the advantage of attending our wonderful international meetings. Do not let them forget that at Cologne we assembled 1,000 accredited delegates from twenty-three countries of the world, and took counsel together on dozens of burning nursing questions and needed reforms, and that through the pioneer work of our international leaders—guided by the altruistic spirit of the honorary secretary, Miss Lavinia Dock—many of these questions burn no longer, so many reforms have been accomplished of late years. Even nurses in Great Britain and Ireland, after a thirty years' struggle, can now write "Registered Nurse" after their names! and will attend at Helsingfors in glittering slippers—no longer the Cinderellas of the nursing profession!

I note from the report of the London meeting in 1909 that, in addition to the official delegates, we welcomed 192 fraternal delegates, from Australia, Belgium, Canada, Cuba, Denmark, France, Germany, Holland, Italy, Java, Japan, New Zealand, and the United States of America—to say nothing of all the eminent people resident in England who graced our congress with their presence, and who entertained us with such lavish hospitality.

The international spirit is an all-inclusive spirit, and we have no doubt at our next merry meeting in Finland we shall meet hundreds of the younger generation of nurses, inspired with just the same humane and progressive spirit which animated the founders of our great "International" by British and American nurses in London in 1899.

Anyway, whether official or fraternal delegates, their welcome is assured.

—*British Journal of Nursing.*

Milk, eggs and the leafy vegetables, the protective foods, are so constituted as to correct the dietary deficiencies of the seeds, tubers and meat.

E. V. McCollum.

Lectures on The History of Nursing

WITH DESCRIPTIVE LIST OF LANTERN-SLIDES

By MAUDE E. SEYMOUR ABBOTT, B.A., M.D.,
Curator of the Medical Museum, McGill University

ADDENDA TO LECTURES I. TO IX.

The following lantern slides of interest have been obtained since the publication of the above lectures in earlier issues of the *Canadian Nurse*. As they illustrate important features in the various sections, they are published by title below, under the number next to which they fall in the historical series. These slides can be obtained, like the remainder of the series, by application to the author.

SECTION 2.—ANCIENT MEDICINE.

Slide No. 10a—The Cult of the Dead, or the worship of the deities of the underworld, as illustrated in ancient Cretan medicine 3500 B.C.:

(a) Painted terra-cotta pillars, surmounted by doves, from sanctuary of dove goddess in the palace at Knossos. Each column is a separate religious entity (uranic or celestial aspect). In the Minoan Age, objects of worship were usually aniconic, as a rule trees, large stones or columns of stone.

(b) Female votary, surmounted by dove, (denoting the celestial aspect), from shrine of the Double Axes in the Palace at Knossos.

(c) Figure of the Cretan goddess of healing. Note the serpent coiled about her arms, ribs and head-piece. Note also the peculiar modern effect of her corseted figure.

(d) Faience figure of female votary from same sanctuary. Note the serpent grasped in the hand and raised upward, suggesting the snake-dance of certain tribes of Indians.

Slide No. 10b—A cupping outfit—early Egyptian or Cretan medicine. The cups are of bronze; between them is a medicine chest.

Slide No. 11a—A Greek Clinic, showing bleeding and cupping. Taken from a Greek vase, 5th Century, B.C.

SECTION 3.—GREEK MEDICINE.

Slide No. 13a—Apollo, the Greek god of healing, the father of Asclepios. An unusually fine statue from the centre of the west pediment at Olympia.

SECTION 4.—NURSING IN THE EARLY CHRISTIAN CHURCH.

Slide No. 38a—Tobias restoring his father's sight (illustrating the story in the Apocrypha).

Slide No. 40a—Ste. Radegunde receiving the religious garment from the hands of St. Medard, Bishop of Noyon. A famous Abbess of the 6th Century, A.D. She founded the convent of St. Croix near Poitiers in France, a large community of nuns devoted to the care of the sick, and the transcribing of ancient manuscripts. She was the daughter of a Thuringian king

and wife of the licentious King Clotaire, from whom she fled to the protection of the church at Noyon, where she was consecrated a deaconess. As a royal princess, she had much political influence and acted as peacemaker in quarrels of contemporary European rulers. Died 587 A.D.

Slide No. 40b—Ste. Hildegarde, considered by many the greatest woman of the middle ages, called the "Sybil of the Rhine" on account of her extraordinary intellectual powers which endowed her with qualities of foresight and judgment that caused her to be regarded as a prophetess. She had a wide knowledge of medical science as well as of nursing, and made contributions to scientific literature which foreshadowed many modern discoveries in natural philosophy, physiology and pharmacology, and was of a noble and commanding character and tender nature that inspired reverence and affection. She had also a wide knowledge of music, and she was a great political power in her day. Born near Kreuznach in Germany, in 1098 A.D. She founded the community of Rupertsberg, at the head of which she pursued her remarkable activities and researches until her death at the age of eighty-one years.

SECTION 8.—MILITARY NURSING ORDERS.

Slide No. 50a—Ste. Ubaldesca, a sister of the Order of St. John, who died at Pisa in 1206, and was canonized by her miracles and works of charity. Her body was transported to many places in the course of the next three hundred years, and through it are said to have been performed many miracles. It was finally laid to rest in the Church of St. John in Malta, where it still reposes. Her robe is black over white with black veil edged with neatly pinched white border; she holds a red book and a little chafing dish in her hands and wears the eight-pointed white cross on her breast.

SECTION 14.—ST. VINCENT DE PAUL AND THE SOEURS DE LA CHARITÉ.

Slide No. 99a—Saint Vincent de Paul, founder of the Mission-Priests and of the Daughters of Charity. After a picture reproduced in Mgr. Bougaud's Life, Vol. I.

Slide No. 100a—Philippe Vicomte de Gondi, General of the galleys of France, St. Vincent de Paul's first patron, and in whose establishment he passed many years as tutor of his sons and spiritual Director of his wife, the saintly Mme. de Gondi. It was through her influence and the Count's generosity that he was enabled to establish the Collège des Bons Enfans at Paris for his congregation of mission priests.

Slide No. 100b—Jean Francois de Gondi, son of the Vicomte de Gondi, who became the dissolute Cardinal de Retz.

Slide No. 100c—Map of Paris and its suburbs in the time of St. Vincent de Paul, showing his first cure at Clichy, the Hotel de Gondi, the house of Mlle. de Gras, the house of the Fides de la Charité, the Collège des Bons Enfans, and the various hospitals of Paris.

Slide No. 100d—Marie de Vigneron (Duchesse d'Aiguillon), niece of Cardinal Richelieu, who was the corner-stone of St. Vincent's first institution, the Dames de la Charité, and who assisted him greatly by her large means and influence in his organization for the relief of the impoverished provinces of France. She afterwards founded the Hotel Dieu de Quebec, the first hospital of French Canada.

SECTION 16.—DARK PERIOD OF NURSING.

Slide No. 124a—Sketch of a Cordovan-clad doctor of Marseilles, having also a nose-case filled with smoking material to keep off the plague. With the wand he is to feel the pulse.

Slide No. 124b—The death by torture of two victims accused of causing the great plague at Milan in 1630 by smearing ointment on a house. Note the various forms of torture inflicted by the sentence being carried out in the picture at the same time, and the "Column of infamy" raised to their memory at the side. See Johns Hop. Bull. August 1898. Slide by kindness Lt.-Colonel Fielding Garrison.

SECTION 17. PASTOR FLIEDNER

Slide No. 132a—Mother Caroline Fliedner, second wife of Pastor Fliedner, who also assisted him greatly in his work. From Galerbuch für Christliche Unterhaltung, Kaiserwerth, 1894.

SECTION 18. FLORENCE NIGHTINGALE SERIES.

Slide No. 145a—Letter from Florence Nightingale's Mother, showing her handwriting, and reading:

"Embley, April 3rd, 1856.

"Mrs. Nightingale will be very much obliged to Mrs. Kiddle to direct the letters from Scutari to Embley, near Romsey, from this time. She is exceedingly obliged to Mrs. Kiddle for the care she has taken during the last two months in sending her daughter's letters to Burlington Str."

Slide No. 151a—Scene in the Barracks Hospital at Scutari, showing the arched stone doorways and windows, narrow ward-corridors and crowded patients, Miss Nightingale and two nurses.

Slide No. 173a—Letter from Florence Nightingale to Surgeon-Major G. J. H. Evatt, used in his circular when a candidate for the Woolwich election in 1886, expressing her admiration of his work for military sanitation in the House of Commons, and her warm sympathy in his candidature and best wishes for success.

Slide No. 177a—Charles Dickens, to whose novels belongs a part of the credit for nursing reform.

Slide No. 177b—Mrs. Lambert, an o'd-style nurse in the Royal Infirmary, Edinburgh.

Slide No. 177c—Mrs. Janet Porter, for 47 years a nurse in the Royal Infirmary, Edinburgh.

SECTION 19.—SUCCESSORS OF FLORENCE NIGHTINGALE.

Slide No. 197a—Catherine Elston, Dr. Anna Hamilton's choice for First Superintendent of the Nightingale Training School at Bordeaux, France.

Slide No. 199a—Alice Fisher, an English woman of birth and education, whose father, the Rev. George Fisher, F.R.S., was instructor in mathematics at the Royal Naval School and grandfather headmaster of Eton College. She entered the Nightingale School of St. Thomas' Hospital in 1875, and on her graduation a year later became assistant Superintendent of the Edinburgh Royal Infirmary, and afterwards held the post successively of Superintendent of the Fever Hospital at Newcastle, Addenbroke's Hospital at Cambridge, Radcliffe Infirmary at Oxford, and the General Hospital of

Birmingham. Came to America in 1884 to undertake the organization of the training school of the great Philadelphia General Hospital (Blockley). "She achieved here an extraordinary pioneer work, which showed qualities of masculine force and breadth of understanding with feminine tact and insight into character, which made her one of the moving forces in her community and placed her among the remarkable women of her time." Died in harness in 1888. Her stay at Philadelphia was synchronous with Sir William Osler's Philadelphia period.

Slide No. 199b—Lucy Lincoln Drown. Born in Providence, R. I. Trained in the Boston City Hospital under Linda Richards, and then became its Superintendent of Nurses, a post she held for twenty-five years. A gentlewoman of high standards, she gathered about her a group of young people devoted to the best ideals of nursing.

Slide No. 206a—Louise Darche, born at Lampton Mills, Ont., Canada; a teacher in her youth and Principal of St. Catherine's High School. Entered Bellevue Training School in 1883. Appointed Superintendent of the Training School at Blackwell's Island, New York, in 1888. Originated a plan for a department of city nursing and made a successful attempt at reform before her death, ten years later. Was the first Secretary of the Superintendents' Society.

Slide No. 206b—Diana Clifford Kimber, an Englishwoman of liberal education; entered Bellevue in 1884; became Assistant Superintendent of the Illinois Training School, resigning to assist her friend, Louise Darche, at Blackwell's Island. Accompanied the latter to England and cared for her to the last. Is now working in an Anglican Sisterhood. Author of one of the first scientific textbooks written for nurses by a nurse.

SECTION 20. MASTERS OF MEDICINE.

Slide No. 213a—Thomas Sydenham. 1624 to 1689. Known as the English Hippocrates. The next great teacher of internal medicine, after that Master. He practised the **vis medicatrix naturae** and taught modern clinical medicine at the bedsire by direct observation.

Slide No. 216a—Louis Pasteur. 1822 to 1875. The discoverer of the germ theory of disease and of the true nature of infection and the underlying principles of immunity. One of the greatest boons he gave mankind was the cure of hydrophobia by inoculation.

Slide No. 218a—Madame Marie Curie, who, with her husband, discovered radium.

(To be Continued)

The fact that garden vegetables are of value so largely because of their vitamins, and that vitamin content is to some extent dependent upon freshness, makes it possible that something more than sentiment and gratification of the palate may be involved in our preference for vegetables from the garden.—H. C. SHERMAN.

A man has generally the good or ill qualities which he attributes to mankind.—SHENSTONE.

Public Health Nursing Department

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Address public health news items to the nurse who represents your province on the Publication Committee. Miss Laura Holland, 22 Prince Arthur Avenue, Toronto, Convenor.

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The Play as a Means of Teaching Health

There seems to be a state of frenzy at the moment on the part of public health nurses for devices in teaching health to children. These devices remind one of Mr. Rose's famous "pink splints for pale thinkers." Indeed, many of them are cheap and superficial, and of most doubtful educational value.

Any person who presumes to teach health must not think that this instruction is in a class by itself. Health education, to be valuable, must conform to the principles of education in general. The important thing, therefore, for the would-be teacher of health is not to have a pocketful of tricks at her disposal, but to be thoroughly conversant with the principles of education. She should at least know Plato's "Republic," and should be familiar with the doctrines of Froebel, Pestalozzi, Rousseau, Huxley and Herbert Spencer, as well as some of the great educationists of the present day.

Anyone who is intelligently interested in children realizes the importance of "self-activity" in any scheme of education. As Spencer puts it, "The vital principle is to enable the pupil rightly to instruct himself." Children should be *told* as little as possible, and induced to *discover* as much as possible. Any method which we may use must be checked up by the question, "Does it create a pleasurable excitement in the pupil?" For a child's intellectual instincts are always trustworthy. Everyone knows that things read, heard or seen with interest are better remembered than those read, heard or seen with apathy.

The dramatic instinct and the love of pageantry are inherent in most children, and wise teachers will seize upon these interests as a means of helping children to instruct themselves. The good health play is undoubtedly one of the most valuable mediums through which to teach health. The child, while being conscious only of amusement and pleasurable action, is unconsciously absorbing the health lesson conveyed by the play. Not only is this true of the actor, but it is also true of the audience, particularly if the costumes are attractive and the acting is devoid of self-consciousness.

Great care should be taken in the selection of these plays. The health lesson should be positive in character. We can very well dispense with the ugly monster and the grinning imps of disease. A stronger appeal can be made through the beauty of good health than through the fear of bad health. The play should have literary merit to the same extent that health stories and health verses should have. The way in which the "Mother Goose" rhymes have been mangled in order to produce health verses, of very doubtful value from any point of view, should be a warning to all teachers of health in their choice of material. I have reviewed a great number of health plays within the last year, and would suggest the following as being particularly good:

"The Land of Lollypop," with a cast of twenty-six. This play requires elaborate costumes, and is suitable for adolescent boys and girls. Patterns for costumes may be obtained by writing to the National Office of Junior Red Cross, 410 Sherbourne Street, Toronto.

"The Pied Piper of Health," with a cast of fourteen. A good play for children about ten years of age.

"Molly and the Health Fairies," with a cast of ten major parts. This is a girls' play.

"David and the Good Health Elves," with a cast of eighteen major parts. The leading parts are taken by a girl of about sixteen and a boy of twelve, and the other major parts by little boys. In addition, ten or twelve little girls are introduced for minor parts.

"The Magic Basket," with a cast of twelve. This play teaches good food habits.

One of the best health plays I have seen is "Junior Red Cross to the Rescue." It deals with first aid and home nursing, and was composed by Edward McCormick, a schoolboy in Calgary. I was fortunate enough to see it acted at a Junior Red Cross meeting in the Sacred Heart School, Calgary. With an editor's grasping instinct, I immediately asked for the copy, but found that it had never been written out. The composer had taught it verbally to the juvenile actors and actresses. This introduces the last point, which I want to emphasize particularly: Encourage the children to compose their own health plays. There is much talent in our Canadian children that is not being developed, waiting to be liberated by the teacher of vision.

JEAN E. BROWNE.

Division of Child Hygiene, Vancouver Department of Health

By HATTIE B. INNIS, R.N.,
Nurse in Charge of the Division of Child Hygiene in Vancouver Health Department.

British Columbia has undeveloped resources of riches untold in her forests, mines, rivers, and fruit valleys. Yet her most valuable asset is none of these—but her children.

That Dr. Underhill, the City Medical Health Officer, realizes "the first wealth is health" and that without proper care the most valuable asset may become an expensive liability, is proven by his efforts to promote infant welfare work. The Division of Child Hygiene of the City Health Department, while still in its infancy, has done much towards lowering the infant mortality rate; and, endeavoring to raise the infant standard to 100 per cent., we aim not for the "better baby," but rather the "best baby," and to build up the health of the children in order that the many that escape actual death in infancy will not drag through a sickly childhood and an inefficient maturity.

MOTHERHOOD A PROFESSION

The primary need of an infant is a competent mother. Motherhood is a profession. Every expectant mother should prepare herself to take up her work as seriously as she would if she were choosing a profession and preparing herself to enter a field of public activity.

Our Government can protect the babies by passing and enforcing laws; requiring prompt and accurate registration of births; providing adequate care for mothers-to-be; prohibiting child labor; controlling venereal diseases, and inspecting foods and dairy farms.

Our city can protect the babies by providing supervised playgrounds; keeping the streets clean; inspection of dairies; providing pure water

supply; preventing the spread of infectious diseases; proper disposal of sewage and garbage; maintaining proper inspection of the ventilation and sanitation of homes, especially as regards natural daylight, and establishing child hygiene centres.

Our mothers can help the babies by caring for "her own baby" by learning the proper methods, by obtaining medical advice, and by availing themselves of the aid the Division of Child Hygiene offers through the well baby clinics.

Daily Clinics Held

This phase of the work is under the medical direction of Dr. E. Carder. The clinics are held every day in the week, excepting Sunday and Monday. A doctor is always in attendance, assisted by two trained nurses and a volunteer helper. The doctors generously give their time, one morning a week. Babies are admitted to the clinics only between the hours of 9:30 and 11 a.m.

The purpose of these clinics or child health centres is to "keep well babies well," and to make available to mothers knowledge of the best means to prevent needless sickness among children: (1) by instruction to mothers on care of infant; (2) by supervision of the health of the pre-school age child.

Upon admittance for the first time to the clinic, the parent is interviewed by the nurse in charge, and the baby's history taken and filled in on a record card. The mother is given the baby's weight card and instructed to bring it each time baby attends. Many babies are admitted for weighing and measuring only. Some parents come with sick babies, not realizing the regulations of the clinic. These cases are interviewed by the nurse in charge and referred to their own family physician, except in cases of financial difficulties, when they are treated by the clinic doctor. It is not the policy of the department to give medical treatment to those who are in a position to consult their family physician. The primary object is weighing and measuring, keeping babies up to the standard, helping mothers who really desire advice, and co-operating with the doctors.

Baby Is Examined

A word of praise is always given by the doctor to the mother of a healthy, breast-fed baby. These clinics foster a kindly competition for the "best baby," which is an education in itself.

The sick children are treated at the Vancouver General Hospital Clinic on Saturday morning. Through this work much is done for the pre-school age child. Serious endeavor is made to recognize and have corrected physical defects, such as teeth, tonsils, adenoids, defective eyesight, general nutrition, etc., thereby fitting them for school life. There is a great field here for preventative work, but with our small staff we are unable to cope with it.

The Follow-Up System

A most important and very necessary feature of the work is the following up of the cases into the homes by the visiting nurse, to supervise the carrying out of the instructions given to gain knowledge of the home conditions. Advice and demonstrations are given on breast feeding, artificial feeding, bathing, clothing, diet for the older children, nursery emergencies, general care, etc.

Every effort is made to have "natural-fed" babies. Our advice to mothers is: If you love your baby, nurse it. Why? Because mother's food is the best food for babies; because a breast-fed baby has ten chances to one over the bottle-fed baby of reaching the first year of life. When mothers and the general public realize this, babies will be saved by the hundreds. The anxious nursing mother with a decreasing supply of milk is not altogether to blame for weaning her baby. Artificial foods are advertised as baby's best food; neighbors are very generous with their advice; and the bewildered mother thinks her difficulties are over, and tries artificial foods. We urge upon the mothers to never wean their baby without first consulting their doctor.

The great importance of prompt birth registration is always taught.

Constant war is waged on the abominable "comfort," or "pacifier." Babies that refuse to learn the habit (and there are many) show greater common sense than those who try to teach it.

Milk Tickets Distributed

The advantage of educating the mothers themselves in the preparation of feedings is so obvious, and proven by experience, that no "milk depots" are maintained; but milk tickets are distributed, gratis, where deemed necessary. This work is confined chiefly to clinic babies up to the age of two years, except in cases of "diminished breast-feeding," where the mother is not receiving sufficient nourishment, then she is supplied with a quart of milk a day. The results from these cases have been most gratifying, the mothers often being able to continue nursing for nine months.

You ask, "Are the mothers keen, interested, appreciative?" Indeed they are. They seem to realize that a healthy nation can only come from healthy babies, and that the healthy baby depends largely upon the mother.

Our nurses enter the homes of over twenty different nationalities. Here one is brought face to face with the problem and the privilege of helping to Canadianize these new citizens.

In the past year the need of clothing for babies and children has been very great. To many interested friends and to the Vancouver General Hospital Alumni Association we are most grateful for their assistance.

A practical course in child welfare work is given through this department to the graduate nurse taking the public health nursing course at the

University of British Columbia. Last year fourteen nurses were each given a two-weeks' training, touching on every phase of the work.

Babies Are Adopted

A list of names is kept on record, with full particulars, of babies for adoption and the parties wishing to adopt. As a result, many homes are made happy and many babies are given a fair chance, which, had they been left to grow up without the individual care and natural home surroundings, would have been denied them.

Free literature is available upon request. Every mother should have a copy of Dr. Helen McMurchy's "Canadian Mother's Book."

Last year our department conducted a child welfare exhibit at the Exhibition grounds, which was visited by 20,000 persons. This fact alone proves the public's interest in health education.

What is the ultimate goal of all this work carried on by the city? To save the babies. It may be interesting to know that Vancouver in 1921 showed the lowest infant death rate, according to the population, of any city on the American continent. This, of course, is partly due to the new country, the equable warm climate, and the pure water supply. It is to be hoped that the present low death rate of 45.27 per 1,000 babies will be still further reduced through the efforts of the Division of Child Hygiene, aided by the co-operation of all public service bodies and each individual mother.

"He who has health has hope, and he who has hope has everything."

NEWS ITEMS

The National Conference on Social Work met in Washington from May 16th to May 23rd, with a total registration exceeding 4,300. Canada sent eighty-three delegates. The nurses included in this delegation represented a wide range of interests:

From Hamilton—Miss Edith Insole, Social Service Department of the Hamilton General Hospital.

From Montreal—Miss Davison, Social Service Department of the Montreal General Hospital, and other hospital social workers.

From Toronto—Miss Knisely, Social Service Department of the Toronto General Hospital; Miss Edith Campbell, Superintendent of the Victorian Order of Nurses; Miss E. deV. Clarke, Supervisor of Mental Hygiene Nursing, Department of Public Health; Miss Eunice H. Dyke, Director of Public Health Nursing, Department of Public Health; Miss Green, Superintendent of Protestant Orphans' Home; Miss Moberly, Superintendent of Infants' Home; and Miss Barbara Blackstock, member of the Board of the Infants' Home.

From Ontario—Miss Beryl Knox, Associate Director of the Bureau of Child Hygiene, Provincial Board of Health; Miss Edna Moore, Supervisor of Venereal Disease Nursing, Provincial Board of Health; and Miss Dorothy Farncomb, Mothers' Allowance Commission of Ontario.

The sessions of the conference were held in the morning and the evening, leaving the afternoons free for the annual conferences of kindred associations. The American Association of Hospital Social Workers was one of the most largely attended of these associations. Miss Knisely represents Canada on the Executive, and has plans under consideration for the formation of an Eastern Canada district.

The National Conference on Social Work and the many kindred associations will meet next May or June in Toronto, and it is hoped that members who plan to attend the meeting of the Canadian National Association of Trained Nurses in Ottawa will be able to include this conference en route.

QUEBEC

Miss V. M. Macdonald has recently been appointed the director of the Child Welfare Organization in Montreal. She is a graduate of the Johns Hopkins Hospital, has held executive positions there and been associated with public health activities in Labrador, New York, Pittsburgh and New Haven. More recently she was assisting the Red Cross in the organizing of Emergency Preparedness all over Canada.

Miss Stevenson, Supervisor of the Centre district, V.O.N., Montreal, has left to assume the position of Field Supervisor in the V.O.N.

Miss Nellie Callard, formerly assistant supervisor of the Child Welfare Department of the New Haven Nursing Association, has come to Montreal as nursing supervisor of the Child Welfare Organization.

Miss Lily Gray, who has been with the V.O.N. in Montreal, has been appointed to a similar position in Renfrew, Ont.

Miss Emma Rocque is now in charge of the Metropolitan Nursing Service (French) in Montreal. She held till recently a similar position in Quebec City.

ONTARIO

Miss M. E. Wilkinson will succeed Miss Holland as Director of Nursing Service on the staff of the Ontario division of the Red Cross.

The sub-committee of the Public Health Section of the C.N.A.T.N. held a dinner at the Carls Ritz Hotel, Toronto, on the evening of May 30th, 1923.

A very pleasant informal evening was spent. Each nurse was asked to bring a memo to the meeting of something that she found helpful in her industrial work; consequently a wide range of subjects was discussed.

One nurse brought the poster their safety bulletin board displayed when their record of 34 days without a lost time accident was broken by a girl who injured her finger. This was a most amusing cartoon of an apparently loudly wailing maiden who held up a finger wrapped in a gory bandage and stating that the 34 days' record was broken.

Several of the nurses discussed remedies for the treatment of boils and burns. Others brought the forms they used for their record keeping systems, while still another broke into rhyme with gasoline as the subject of her verse.

Copies of a Health Bulletin which one of the industries issues monthly for its employees were brought by another nurse as her contribution and a special diet list, a copy of which she gives employees who report to her suffering from constipation.

A finger protector made of two narrow pieces of tin fastened at right angles to each other, and which is placed over the dressing and then bent down, seemed a most useful device to many of the nurses.

Another nurse told of her success with a certain kind of antiseptic adhesive tape.

At the conclusion of this round table conference, Mrs. Jean Blewett talked to the nurses for a short time, making a plea for ideals and romance in our daily routine which gave a joy and growth to the most ordinary work. The nurses enjoyed this delightful little talk.

The following nurses were present: Miss Scott, General Motors Corps., Oshawa; Miss B. Jones, Empire Cotton Co., Welland; Miss Edith Morrison, Canadian Kodak Co., West Toronto; Miss J. Hyndeman, Gunns Ltd., West Toronto; Mrs. Driver and Miss B. Gibbon, The Harris Abattoir Co., Toronto; Miss M. McKeown, Dominion Express Co., Toronto; Miss Cooper, The Massey Harris Co., Toronto; Miss Anderson, Toronto Carpet Co., Toronto; Miss Bates, The Bell Telephone Co., Toronto; Miss Beatty, Canadian General Electric Co., Toronto; Miss Campbell, Wm. Davies Co. Ltd., Toronto; Miss Tennant, formerly of the Wm. Davies Co., Toronto; Miss M. MacKay, Hydro Electric Power Commission of Ontario, Toronto.

The Officers elected for the year are: Miss Edith Morrison, Chairman; Miss B. Gibbons, Secretary-Treasurer; Miss M. McKeown, Press Representative.

MANITOBA

Miss I. Jeffares has received an appointment with the B. C. Red Cross Society as travelling instructor. Our best wishes for continued success go with Miss Jeffares in her new field.

Miss K. Dempsey, Miss M. Litton, Miss E. M. Everson, and Miss M. R. Gant, the four nurses of the Provincial Public Health staff who were known as Public Service nurses, have been transferred to the staff of the Red Cross Society at the request of the Department of Provincial Public Health.

The Public Health section of the M.A.G.N. met in April for the appointment of committees and to outline the activities of the section for the coming year.

A standing committee was appointed to carry on the work of the section, with Miss A. E. Wells as convenor.

The section feels that its membership is not, in numbers, what it should be, and discussed ways and means of adding to it. The representative of each Public Health group was asked to act as membership convenor of that group and interest the nurses to become members. Also the secretary of M.A.G.N. will be asked to notify this section of any new members engaged in Public Health nursing.

Miss A. E. Wells was appointed to represent this section on the Programme Committee of M.A.G.N.

A decision to compile, this year, a history of the various branches of Public Health Nursing in Manitoba was reached, after a discussion as to the advisability of doing this work while pioneer nurses in Public Health Nursing are still in the field.

The following were named as historians: Hospital Social Service, Miss Gilroy and Miss Pollexfen; Tuberculosis Nursing and Social Service work other than Hospital Social Service, Miss Champion; School Nursing, Miss E. Parker and Miss F. Robertson; Visiting Nursing, Misses W. Carruthers, Johnson, N. McLeod, and E. Beveridge; Infant Welfare and Pre-natal Nursing, Miss L. Spratt; Industrial Nursing, Miss I. Loyd and Miss Ellerton; Generalized Public Health Nursing, Miss E. Russel.

The need of a reference library for Public Health nurses who are engaged in active public health nursing education was discussed, and it was decided to ask the National Public Health Section to establish a circulating library at the National office of the C.N.A.T.N. Donations have already been promised to such a library if established, which will enable the Manitoba section to enjoy the honor for its origination. In the meantime Public Health nurses have the privilege of using the reference library of the Provincial Board of Health.

ECCE HOMO!

Give us a virile Christ for these rough days!
You painters, sculptors, show the warrior bold;
And you who turn mere words to gleaming gold,
Too long your lips have sounded in the praise
Of patience and humility. Our ways
Have parted from the quietude of old;
We need a man of strength with us to hold
The very breach of Death without amaze.
Did He not scourge from temple courts the thieves?
And make the arch-fiend's self again to fall?
And blast the fig-tree that was only leaves?
And still the raging tumult of the sea?
Did He not bear the greatest pain of all,
Silent, upon a cross on Calvary?

—REX BUNDY in the *Sunday Times*.

Pupil Nurses' Department

Why be a Nurse?

It was still dark. Through force of habit Estelle had just awakened, and some sixth or ——th sense told her that the little alarm clock she could hear ticking faithfully away on the dresser was about to sound the signal that would drag her forth from warmth into chilliness, from the delicious comfort of a relaxed body and mind into the hurry and bustle of another day. Sure enough! The dreaded sound broke forth with such suddenness that, although she had been expecting it, Estelle jumped. For a moment she hated that alarm clock. A mad impulse seized her to send it hurling through the window and listen to the music of its thud on the frozen ground below. But hate, even toward an inanimate object, is an altogether unhealthy state of mind. Besides, Estelle knew the stern necessity of labor, both manual and mental, to keep the wheels of progress in this old universe in even halting motion. So, the impulse rapidly passed, she mentally thanked her little friend on the dresser and arose.

Breakfast—and, what was far more important, roll call—was only a short while away. It was a great offense to be late for roll call, and Estelle had no desire to begin the day in disgrace. So she dressed in a very hurried manner. There was just one act with which she refused to hurry, and without which she could not begin the day with any degree of confidence. She always made it a custom to read at least one chapter from the Book, which was her infallible Guide for all daily conduct, however imporfectly she might succeed in attaining its standard. Then she committed the day, with all it was to hold, into the hands of a wise Father, Whose eyes direct the daily trend of each life entrusted to His care. That done, Estelle raced away to breakfast, and as she crossed the hospital grounds her eyes drank in eagerly the beauty of the dawning day; she breathed deeply the pure, fresh morning air, and was glad that necessity had bade her rise so early.

It was a never-to-be-forgotten day. For one thing, it was Estelle's first day on a new ward, and, no matter how much adaptibility a nurse may possess, first days on a ward are bound to be unsatisfactory. Then it was bath morning; and Estelle did not like bath morning, because she found it so difficult to do her share of the morning's work well in the allotted length of time. There was a constant temptation in the hospital, she had discovered, to neglect the thoroughness—which alone can give real satisfaction to the worker in any walk of life—just because hands and time were lacking to do everything well. Would she fall prey to it some day, she wondered?

In the third place, as Estelle soon found, there were five major operations booked for that morning. One of the victims of the surgeon's knife arrived at the last moment, and was prepared for the operating-room in the admitting-room and sent to the ward apparently ready for the fray. She was just a young girl, and the ward nurses, noting that and her apparent preparedness, omitted to ask her if she carried about in her buccal cavity any teeth with which Nature had not provided her. Horrible dictum! The operating-room cart came, and away she sped! Further details would be superfluous; but since that day the nurses in question, including Estelle, never fail to ask every infant the true state of its organs of mastication ere they place it upon the fateful cart.

This was just one of the many incidents which occurred during the day to make Estelle especially weary and discouraged as she went off duty at—not 7, but 8:30 that night. At the moment there seemed to her just one bright spot in all the hours that had passed. She thought happily of a very sick little woman on the ward for whom she had found time, in the whirl of the day, to do a special little act of service. Just as she was leaving, the woman had grasped her hand and told her again how much that trifling bit of kindness had meant to her. The appreciation which she showed seemed to Estelle the silver lining which lurks somewhere behind every cloud.

Nine o'clock found Estelle already in bed, mentally reviewing the events of the day. She had made no mistakes, she thought wearily, and yet—she had done her best. She had tried, with the help of the One Who walked beside her, to live up to the standard of the Book. And then, as the drowsiness of approaching sleep crept upon her, a strange peace crept also into her heart, for a still small Voice whispered, "Inasmuch as ye have done it unto one of the least of these, My little ones, ye have done it unto Me." Then Estelle understood wherein lay the real satisfaction and happiness of the life which she had undertaken.

FLORENCE H. WALKER,
Hamilton General Hospital.

There are big tasks lying before women — tasks that call for such wisdom as we get by combined study; tasks that need the altruism we get in working together; tasks that need the energy we get from combination of effort. We want homes where the big things are made big and the little things unimportant. We want communities that are extensions of the home, where we shall be friends, we people of all races and creeds. We must have the vision to stand together nation-wide.

ALICE AMES WINTER.

Private Duty Nursing Department

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Blood Transfusion

By Robert M. James, M.B., Toronto.

(By request.)

That the giving of the blood of one living animal to another might be of therapeutic value is no new idea, but occurred to the Ancients; theoretical references to its feasibility and possible value occur in the literature of as long as three centuries ago. Long before this time blood had been administered, by mouth, in the form of a specially prepared draught. The circulation of the blood was discovered by Harvey and published in the form of a treatise in 1628. Following upon this, many experiments were carried out upon animals when various substances, including blood, were given intravenously. The first human being was transfused in France in 1667, the blood of a lamb being used. No ill effects seem to have followed this transfusion. After this much experimentation upon animals was carried out, and human beings were transfused with sheep's blood. Due to the ill effects sometimes produced, and for sentimental reasons, the operation fell into disrepute and in France was forbidden by law.

In the early part of the 19th century interest in the subject was again revived, and a considerable number of patients were transfused with animal and some with human blood, with, for the most part, dire results. The great mechanical obstacle to success was coagulation of the blood, and in the latter half of the 19th century defibrinated blood was used. Less than half of the patients transfused seem to have been benefitted, and the many deaths that occurred were ascribed to the entry

of air into the circulation. After 1875 transfusion again fell into disrepute, due to the increasing number of fatalities and to the increasing use of normal saline intravenously, which was mechanically so much simpler.

The use of ordinary syringes and vessels was hampered by coagulation. In 1907 Crile, following upon the work of several others, perfected the most satisfactory method of direct artery to vein transfusion by the use of a silver cannula. In 1901 the presence of agglutinins and isoagglutinins in the blood was discovered, and in 1907 Jansky succeeded in classifying human bloods into four groups. Jansky's work was confirmed by Moss in 1910. In 1914 sodium citrate was first used as an anticoagulant, and the first transfusion of citrated blood was performed in Buenos Ayres on November 14th, 1914, only a few days after the outbreak of the Great War. During the first two years of the war little, if any, use of transfusion was made. In 1916 the direct method was tried, but was found to be too difficult. Following upon this, the late Dr. Bruce Robertson, of Toronto, using the syringe-cannula method, probably did more than any other British surgeon to bring transfusion into general use in our army. The citrate method was introduced and came into more general use, due to its greater simplicity.

During the Great War blood transfusion first came into its own, and was responsible for the saving of countless lives. Its use as a therapeutic agent in civil life, although still not generally enough known, is steadily increasing.

Indications

The indications for blood transfusion are many, but may be divided into four broad groups:

First—An emergency in which it is used to tide a patient over a severe haemorrhage or shock.

Little need be said regarding this group; nothing else is so efficient, and many patients who are only temporarily improved by infusion of a solution of gum acacia or saline would recover were a blood transfusion performed.

Second—As a pre- or post-operative measure in debilitated patients, its use is now well established. It may be used before, during or after operation, depending upon convenience, the wish of the surgeon, and the particular indications. In any operation in which a great loss of blood is likely a transfusion should be prepared for and a donor held in readiness, whether or not an emergency arises.

Third—As a therapeutic measure in the treatment of certain blood diseases.

Outstanding in this group is haemorrhage of the new born, and every nurse should know that bleeding is invariably stopped in these cases by a transfusion and should insist that it be done on the first sign of bleeding. In haemophilia the bleeding is usually arrested by transfusion,

and the patient may be tided over the crisis; it may be necessary to repeat the operation. The tendency to bleed, in these cases, decreases with age. Pernicious anaemia is not cured by transfusion, but the patients are made more comfortable and their lives may be considerably prolonged. Other conditions might be mentioned in this group.

Fourth—To combat certain toxaemias.

The value of transfusion in the treatment of burns and erysipelas has been definitely established in the Hospital for Sick Children, Toronto. It is undoubtedly useful, also, in cases of intestinal obstruction.

Methods

Transfusion by the direct method, i.e., the connecting of an artery of the donor to a vein of the recipient, is now no longer done, because of the technical difficulties of the operation and because it is impossible to know how much blood is being given.

The indirect methods may be divided into the two broad groups, (1) where no anti-coagulant is used, and (2) where coagulation of the blood is prevented by the use of sodium citrate. Where the recipient is suffering from any disease which might be transferred to the donor, e.g., syphilis, or a septicaemia, the citrate method should invariably be used. It is also probably the method of choice for those who have not done a sufficient number of transfusions or enough vein work to be expert in this procedure. Its disadvantage lies in the fact that undoubtedly a greater number of reactions follow citrate transfusion, and that unchanged blood is probably more effective as a therapeutic agent where the blood is being given because of its influence upon the metabolism. Many types of apparatus are in use, depending upon the choice of the operator. Space does not permit a description of these. The writer prefers the transfusion of whole blood in all cases in which the method is not definitely contra-indicated by danger to the donor, or technically impossible because of lack of assistance. Again several methods are in use in all of which the apparatus used is coated with paraffin in order to prevent sticking and to delay coagulation. The simplest method is probably the use of ordinary 20 c.c. Luer syringes, with adaptors to fit special transfusion needles, the so-called Lindeman syringe-cannula method. For those accustomed to vein work and to the handling of syringes the technique is not difficult.

Generally speaking, it should not be necessary to expose the donor's vein by cutting down on it, and in the transfusion of adults it should rarely be necessary to do a venesection on the recipient. To insert even a very large needle into a vein is practically painless if a local anaesthetic is used. It is important to avoid venesection on the donor, because it interferes with the obtaining of future donors. This is especially important in the case of professionals. When patients may require more than one transfusion, or other intravenous medication, it is important not to destroy their veins by cutting down on them.

The amount of blood given at one sitting varies with the indication. As a rule, adults should receive from five to eight hundred cubic centimeters. In infants, one should not exceed fifteen cubic centimeters per pound of body weight.

Choice of a Donor

Any healthy young adult may be used. A blood grouping should always be done, and, where time and facilities permit, it is safer to test the donor's cells against the recipient's serum, and vice versa, for agglutination, as, due to the occurrence of certain so-called minor groups, the grouping is not absolutely safe. Generally speaking, no transfusion should ever be done without either of these tests. There is, even in the case of new-born infants, no constant relation between the group of the child and that of the parent, although it has been shown that the groups do occur according to the Mendelian Law. Where time permits, a negative blood Wasserman should always be obtained on the donor, and only in an emergency should the word of the donor that he or she has or has not had syphilis be accepted. Where a relative or friend cannot be obtained as donor, it is now always possible to find professional donors who are willing to give blood for a monetary consideration.

Re Short Term Extension Course

Ontario

To the Private Duty Nurses, Ontario:

Following up the Private Duty Committee meeting at the recent convention of the G.N.A.O. in Peterboro, we are pleased to state that arrangements have been made with Mr. W. J. Dunlop, Director of University Extension, University of Toronto, to hold a summer course in Toronto from August 13th to August 18th, inclusive.

At the round-table conference many subjects were suggested. The following have been selected: English Literature, 4 hours; Public Speaking, 4 hours; Psychology, 4 hours; Contagious Diseases, 2 hours; Diet and Disease, 2 hours; Emergency Surgery, 1 hour; Influenza, Sleeping Sickness, Pneumonia, 1 hour.

Lectures each morning, from 9 to 12. A clinic has been promised us at the Toronto General Hospital, Toronto Western Hospital, St. Michael's Hospital, and the Hospital for Sick Children; also an invitation to visit the sanitarium at Weston.

The committee feel that such a course as outlined above will be not only interesting and instructive, but prove a source of pleasure. We hope that many nurses will come to Toronto in August, and send in their applications to Mr. W. J. Dunlop, at the university, before August 1st. The fee is only $2.00. There are no examinations and no certificates. Rooms at $4.00 a week in the university residences will be arranged for by Mr. Dunlop if so requested.

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

Report of the National Conference on Education and Citizenship

To the President and Members of the Canadian Association of Nursing Education:

In presenting a report of the National Conference on Education and Citizenship held at Toronto April 4th to 8th, I do not feel that I could ever hope to adequately convey to the members the mental and moral feast that any visitor or delegate received at these meetings — feast, indeed! for was there not there assembled the very cream of the intellectual world of Canada, Britain and France?

At times we are, through our Canadian and other clubs, fortunate in hearing speakers and authorities on different subjects; but it has never been my good fortune to be privileged to listen to a group of men and women with such ideals and with such hopes for the future of the Dominion and the Empire. All vastly different in their experiences, personality and points of view, and yet one was struck through the whole proceedings by the coincident fact that the outstanding themes running through each address were, first, a deeply religious element; secondly, great stress on the development individually, both of pupil and citizen, of a national and international viewpoint; and, thirdly, in primary educational matters the encouraging and developing individuality of thought, and this by discouraging standardization of methods. It must have been coincidence, for they were all too great and too good to say what they were told, and yet one and all in their own particular way brought out these points. For these very reasons, I feel deeply sorry that all the members could not have been present.

As you probably know, the original conference was held in Winnipeg in 1919, and—largely, I understand, because of the problems resulting from the large foreign immigrant population—it was decided to make a survey of the teaching of English. The Newholt report on "The Teaching of English in England" (1921) was the basis, I think, of much of the work of the executive.

The following were the objects of the conference:

1. To emphasize the necessity of a greater degree of idealism and spirituality in education, since persistence in our present competitive and secular methods must lead to Western civilization eventually destroying itself.

2. To stimulate a Dominion-wide interest in education as a means to life, and not for the purpose of livelihood; to demonstrate the need for a re-statement of values and to seek the removal of the emphasis now placed on the material aspects of life, to the almost complete neglect of the spiritual.

3. To endow the ideas, "education" and "citizenship," with a unity of meaning and purpose for the nation, and to impress in the hearts and minds of the people the ideal of a fullness of life attainable by all.

4. To demonstrate the continuity of the entire educational process through its three great and inseparable agencies—the home, the school, the church—for the development of character as self-expression, of citizenship as national character expression.

5. To discuss proposals for the improvement of education in the Dominion, which could be more readily effected by co-operation among existing agencies and by the active interest and support of public opinion.

6. To pave the way for annual public conferences of a more professional character, at which detailed discussion and enquiry can be entered into on the great educational problems of the day, and on educational development and experiment in other parts of the world.

7. To consider suggestions for the reorganization of the National Council of Education and for its subsequent policy; and it is the Council's belief, in part, that a co-operation among the educative forces of the day —the home, the school, the church, the press, and the stage—in the spirit and with the power of a common ideal, would in one generation change the whole trend and purpose and character of our social life and citizenship.

The plan of the programme was:

(a) Wednesday—A statement on present-day world conditions, and an examination of the contention that education, if not a failure, has not been wholly successful.

(b) Thursday—Devoted to humanistic subjects.

(c) Friday—This day was given to subjects allied to development of character.

(d) Saturday—The day provided for a general survey of the proceedings of the conference; the three final addresses indicating the world, not merely as it is, but as it might be.

But so wide a margin for thought in handling the different subjects under discussion was given to the speakers that it was difficult in some cases to mentally pin them down to these headings. There were French sessions on Thursday, morning and afternoon; and, to those who were free to attend them, I believe they were alike inspiring with the English sessions. Wednesday afternoon and evening were given to receiving reports, and to the appointment of committees, etc.

Wednesday evening was the inaugural session, and Mr. Vincent Massey was chairman. The subject for the two speakers was, "An Impression of What Is," which was a survey of present-day conditions and an enquiry into the adequacy of education as an all-important factor in assuring the progress of civilization. The speakers were Dr. Tory, principal of the University of Alberta, and Sir Michael Sadler, vice-chancellor of Leeds University, now of Oxford—both so different in types and mannerisms, and yet with the same ideals of education and citizenship.

Principal Tory asked those who look askance at the "enormous" sums spent by the Government on education just to stop and make the comparison of the truly enormous sums spent by the population on luxuries. If they did this he felt sure they would view the expenditure upon education in a very different light, and with a less questioning attitude. Looking into the past, Dr. Tory sketched the strides made by education, and, although many explained the progress as the result of economic demands, yet it was a much higher ideal that animated the hearts of the pioneers of learning—the ideal of a higher appreciation of citizenship, and a fuller realization of the duty of each to the nation and to the oncoming generations. "If I could not justify the huge expense of education on higher grounds than mere economics," he added, "I would not consider myself fit to stand as head of a great educational institution."

Sir Michael, before commencing, and commenting on Principal Tory's address, said: "Dr. Tory, I wish Matthew Arnold could have heard you; he would have been a good deal encouraged!" He then went on: "The significance of English education is to trace two quite separate threads of social ideal—interwoven for the most part, now separate, now knotted, never cut—and between them making the strength of a fabric." He referred to the four great tracts of modern educational effort in the world—North America as one, Europe a second, Australia, New Zealand and South Africa a third, Japan, China and India a fourth. He thought that more and more as we study these four—so diverse in their origin—some so ancient, some so modern—we had the reassuring conviction that there was a common humanity all over the world, although each required different administration, different treatment of their educational problems, just as they had to offer different gifts and different messages to the different stages of the nations' or races' growth.

"We are," said Sir Michael, "in the midst of a critical phase of one of the most momentous expansions of educational effort in the world's history. Nothing else than that describes the facts."

Sir Michael Sadler put very great emphasis on the debt we owe to other countries for their contribution to educational traditions—an unforgettable obligation to France for the exquisite possession she has in her language and of the artistic power to which all bowed in reference.

The speaker probably more than any other during the conference emphasized internationalism strongly, almost to the point of shock, when

he traced our educational debt to some of the great men of our erstwhile enemy, referring specially to Luther, of whom Knox was a disciple, and of the teachings of Kant.

What Europe is aiming at was, to quote an ancient writer, "securing for all human beings a training in all that is proper to their common humanity."

He referred to the dangers of standardization in limiting development, and rather amusingly referred to standardizing salaries, "for who could refuse the youthful and beautiful instead of the grey-haired and experienced when youth is cheaper?" He also, amid great applause from the teachers present, laid stress on the freedom of action and speech of the faculty of any school. They owed it, however, to the young to be an example of self-restraint, and to their school or university to refrain from partizanship in advocacy.

Thursday morning was given to geography as a study of men and manners, and history as a record of human experience, the exhibition of the work of pupils, methods of teaching, and text-books used in the different countries. Outstanding in these was the New Zealand exhibit, where the Government (and the teachers) so disregard standardization and put so much weight on individual development that a teacher may use any text-book he or she pleases. Standardization is said by Sir Michael Sadler to be a haunting fear in Europe, and not least in Great Britain. It has produced some good results in overcoming the inertia of neglect and bringing the benefits of education to all. It speeds up education just as the railway tracks speed up transportation. But it also has a tendency to check initiative and originality, and it is well worth considering whether greater scope might be given for variety and for that experimentation which is the basis of scientific progress. At present, if a new method is adopted, it must be province-wide. If a new text-book is authorized, everybody must throw away the old one. New Zealand has certainly gone to the other extreme, but evidently with very successful results.

In the afternoon Archbishop Mathieson was in the chair. Rabbi Brickner, of Toronto, spoke on "Literature as the Gateway to Knowledge." In a most scholarly address, Rabbi Brickner said that knowledge had been most erroneously looked upon as mere registering of information upon the brain cells, and added that knowledge was the ability to relate facts of life and to make them function. He stressed the importance of knowing thoroughly more than one language, especially here in Canada where in the homes of the citizens so many different nationalities participated.

The next speaker was Professor Gordon Laing, of McGill University, and he spoke on "Literature and Leisure." In a most witty and humorous vein, he said literature and leisure were ideal in theory, but not practical; and suggested such probabilities as women hurrying over

their purchases or toilet because a Dickens Club was meeting at their home, or men voluntarily giving up the enthusiasm of golf for the annual meeting of the Shakespeare Club. But he later added how much real recreation can be had in a good book, and how very tiring a play or movie may become if not interesting or edifying. He strongly advocated the study of languages as a form of recreation and interest, and somewhat satirized some of the blue stocking educational faddists as being the cause of many criticisms. He referred to one college where the students had as their motto, "Do not let your education interfere with your development." Dr. Laing declared that leisure had, in the main, been capitalized for commercial purposes; and gave warning that the children of to-day were leaving school with but scant knowledge of their own literature, and, therefore, without the love for it which would enable them in after life to enjoy it in their spare hours."

Sir Henry Newholt then spoke on "Literature as a Record of Human Experience."

At the commencement, Sir Henry referred to Germany's moral debt to the world being as great as her financial one; and went on to say that literature was not a pastime, nor mere decoration, though it is an art. It is stored-up experience of life. The practice of looking upon the great writers of the past as dead is a faulty one. No great writer can ever die—his works live on; and literature differs from science, in that it never can be turned into the scales against the peace of the world. He concluded by adding that the cure for the world's ills should be found in literature, which has no frontiers, no jealousies, no hatreds, and no politics.

The evening session of Thursday was presided over by Sir Arthur Currie, principal of McGill University.

The Rev. Eber Crummy was the first speaker, "Biography in Education" being his subject. He referred to our literature being replete with the biographies of men and women who have made their lives glowing examples of living religion, and added that he questioned if any people had placed better equipment for the educationalists in the history of the race than had Canada.

Mr. Crummy was followed by Mons. J. J. Champenois, director in the United States of the National Bureau of French Universities, who spoke on "Literature and International Understanding." One felt almost ashamed, listening to this charming, cultured address in English, almost without accent, and wondered how it was that so many of us are content to express ourselves only in our mother tongue.

A quotation from Carlyle appeared under the lecture-title, "A country which has no national literature, or a literature too insignificant to force its way abroad, must always be to its neighbors, at least in every important spiritual respect, an unknown and unestimated country," and Mr. Champenois pointed out that it was possible to bring about important changes in international understanding through literature. Since the "humanities" form the basis of all education and literature, the under-

standing of the "humanities" of other nations would lead to international agreement. He referred to the press as requiring "immediate and courageous survey," and added that one calculating article in one newspaper might bring about incalculable damage to the peace of the world.

Sir Henry Newholt spoke again on "Literature and the Bible." To quote the Newholt report: The Bible has been described as the "most majestic thing in our literature, and the most spiritually living thing we inherit." "The power of the Bible upon our language, our literature, our national life and thought, has been lost sight of because the possibility has not hitherto been imagined that a liberal education may be, and should be, not only a gift within the reach of every child, but the very gift purposed by the State in undertaking the elementary training of its citizens."

I only wish that time would permit of my giving that in full. Those of you who heard Sir Henry Newholt speak during his visit to Canada can imagine with what eloquence he delivered this lecture. He declared that the Bible was unique not only as literature, but, in the world of men, unique in its historical importance and unique in its effect on the human mind. "It isn't a Book, but a whole Literature."

Friday morning was given to an address by Principal Tory on "Education and Self-Control," and Rev. Trenor Davies on "Education and Fellowship."

Dr. Tory, speaking on "Self-Control," pointed out that better understanding was needed by employer and employee of one another. Material benefit had gone to the extreme in our modern life; and there was a strong tendency to make things too easy for children, thus removing the very things that made for manliness.

The Rev. Trenor Davies urged the development of a religion of service, and quoted William Morris, who once said, "The lack of fellowship is hell," and deplored present-day literature, which deals so much with family separation—father from son and husband from wife. He concluded by stating that Canada had triumphed over racial, religious and geographical differences, and had fashioned a great nation.

In the afternoon Mrs. F. R. McWilliams, president of the Winnipeg Canadian Club, spoke on "Education and Character Development." "At the present time," said Mrs. McWilliams, "character counts more than cleverness, and it is better to have second-class brains than a second-class character." Character she defined as the acquiring of experience.

The next speaker, Mr. S. K. Ratcliffe, lecturer at the London University and editor of the *Manchester Guardian* and the *Socialogical Review*, addressed the audience on "Manners as a Social Language."

Mr. Ratcliffe said he couldn't understand why he, a newspaper man, who were supposed to be void of manners, should have been given this subject. He made some interesting, if amusing, comparisons between the manners of this continent and those prevailing on the other side of the ocean. He attributed the tendency in the newer world to put less

weight on the small things in human behavior to the influence of the pioneer community. The sense of equality, cordiality and frankness was accordingly marked on the North American Continent, and he referred to the type of Englishman who misunderstood this for impertinence. He expressed strong approval of the bellboy at the hotel saying, "Your grip, Mr. Ratcliffe," or "Are you expecting mail, Mr. Ratcliffe?" as compared with the English club porter, who, one being asked for mail, says, "What name, sir?" (The quotation on the programme, "Lack of Manners"—the art of expressing oneself pleasantly under all circumstances—is as great an impediment as a lack of speech. I do not know from what source it comes, but I made a mental note to add it to my ethical lectures under the heading of "Tact," for I thought it was so true.)

Sir Michael Sadler again spoke on "Personality as the Expression of Character"; and he himself was such a wonderful demonstration of the truth of it that again I wished you had all been present.

"Personality," he said, "is made up of countless bequeathments from ancestry, and, intermingled with others, acquired by the individual. The teacher who failed to broaden out with contact was not the right person to instruct the young. Education should be a combination of freedom and discipline."

At 5 o'clock a special convocation of the University of Toronto was held, when the honorary degree of Doctor of Laws was conferred upon Sir Henry Newholt, Sir Michael Sadler, Sir Robert Baden Powell, Professor Hauser, and of Doctor of Science upon Professor Emmanuel de Margerie, of France. The proceedings were impressive and interesting. I have rarely witnessed anything so charming as these men in the red gowns of Toronto University. Sir Henry Newholt looked like something from a stained glass window, with his finely chiselled features and expressive face.

The evening session was given to two addresses by Rev. Canon Cody on the "Intrinsic Value of Personality," and Sir Sadler on "Education and Life." Premier Drury was in the chair.

"Personal force," said Archdeacon Cody, "is the greatest of all influences. Personality is the force and the fragrance of a being." He urged avoiding getting into a groove educationally, and quoted "that the only difference between a groove and a grave is the depth." He also added that the only coin that rings true on the counters of life are what we are and what we can do.

Sir Michael Sadler then spoke in his peculiarly attractive manner. He emphasized that, in spite of criticism, education should be for the masses, and said that Canada could go a long way to furthering this, as the opportunity in a new country is more favorable for securing general education, and added that Canada at heart was more democratic than the older nations. The speaker said that no person should think of education apart from medical and dental care, public libraries, health and beauty of our cities, architecture, town-planning, color, trees, flowers, animals

and birds. He also spoke of the spiritual unity that might be furthered by the Canadian people speaking two languages.

Saturday morning was devoted to business, future policy, and election of officers.

The afternoon was given to a Girl Guides' and Boy Scouts' rally, at which Sir Robert and Lady Baden Powell gave addresses, and to a recital by the Mendelssohn Choir.

The evening and closing session was presided over by Sir Robert Falconer.

Sir Robert Baden Powell spoke on "Principles of Citizenship." He thought that misapprehension of facts and misunderstanding of each other accounted for much of the opposition of class against class. He referred to the "high cost of neglect" as a result of wrong education, and the consequent expenditure for upkeep of prisons, asylums, etc., which should, he thought, be unnecessary if the right system of education were adopted.

Lord Robert Cecil, in a most eloquent way, in his address on "Education and the New Era," said, referring to the honor he felt in being asked to speak at this conference, "It is brought together for a cause as great as any cause among the human aspirations of the world. It is for the consideration and promotion of education." He laid great stress on every effort being put forward to make a new start in international affairs by throwing aside our old pre-suppositions.

Lord Robert told of the manner in which British educational authorities were spreading the knowledge of the aims and ideals of the League of Nations throughout the schools, and, referring to the League of Nations and the condemnation of war as a method of settling international difficulties, said that it is not a revolutionary or novel idea, but merely the development of all that had been best in human thought on these subjects in the centuries that had elapsed during the Christian era. He touched on America's aloofness from the League, and said her place was still open whenever she wished to take it. Meanwhile we had to press on. We could not afford to leave the work to which we had set our hand. It is an educational—a truly educational—cause. It is not only the education of the individual; it is the education of the nations of the world; it is the greatest of all educational causes.

Madam President, in concluding this report, may I say how deeply I regret that in the short time allowed, the impossibility of conveying to the members anything more than the merest fringe of the addresses of these great men assembled to express their views on this great subject, so important to us all, "Education and Citizenship."

To Major Ney, who I understand was responsible for the programme, is due the very greatest appreciation.

Respectfully submitted.

GRACE E. FAIRLEY,
C.A.N.E. Delegate to the Canadian National Conference on Education and Citizenship.

Hospitals and Nurses

PRINCE EDWARD ISLAND

SUMMERSIDE

The graduation exercises of the 1923 class of the Prince County Hospital were he'd on May 10th in the Capitol Theatre. H. T. Holmes, president of the board of trustees, acted as chairman, and also presented the diplomas to the nurses, after which Dr. J. G. MacNeill addressed the class. A musical programme, interspersed by readings, under the direction of Professor Kerr, was much enjoyed. The class were entertained with their friends, at the close of the exercises, at the home of Dr. MacNeill.

Misses Lila MacLeod (1922) and Ruby MacLeod (1923) have left for Cory Hill Hospital, Boston, for post-graduate work.

* * * *

QUEBEC

JEFFERY HALES' HOSPITAL, QUEBEC

Miss Etta MacKie, industrial nurse of the Donnacona Paper Co., is absent on leave owing to indifferent health.

Miss Horner has accepted a position with the Roosevelt American Legion Hospital, Battle Creek, Mich.

Miss Binning has been appointed by the Canadian Government as Travelling Conductress in the Women's Department.

Miss Frances Lewis has accepted a position on the staff of the Newark City Hospital, Newark, N. J. Many entertainments were given for Miss Margaret Wilson, who recently resigned from the staff to be married.

WESTERN HOSPITAL, MONTREAL

Miss B. Birch, R.N., was hostess at a miscellaneous shower at the Western Hospital in honor of Miss Vivienne Robertson (1920), whose marriage takes place shortly.

Miss Edith Ross has accepted a position with the Victorian Order of Nurses, Montreal.

Miss Ruth Leavitt, R.N., is expected home after two years in Florida.

Hopes are expressed that Miss Hilda Cuthbertson, who has had a serious illness, may speedily recover.

Sympathy is extended to Miss Rankin on the death of her mother, and to Mrs. Raymond (Gwen Kennedy, 1910) on the death of her husband, Dr. Raymond, Alexandria, Ont.

MONTREAL GENERAL HOSPITAL

Miss Laura Holland (1913) has been appointed Director of the Welfare Division of the Public Health Department of Toronto by the Board of Control of that city.

Misses Olive Mackay, Louise McLeod, M. Evelyn Eugelke and Nancy Curwell were among the graduates this year from the School for Graduate Nurses, McGill University. Miss Curwell obtained the first prize and first-class honors for highest standing for the year in the Public Health course, and Misses Mackay and McLeod second-class honors in the Administration course.

Miss Margaret Lawrence (1923) is now night supervisor at the Montreal Maternity Hospital, with Miss Kathleen Prince as assistant superintendent, in place of Miss Pauline Carroll (1922), who has accepted a position at the Military Hospital, St. Anne de Bellevue.

Miss Vivian Tremaine is in charge of Red Cross port service at St. John, N. B.

Miss Katherine MacKenzie (1923) is on the staff of the Social Service Department. In this department there are now five graduate nurses, one student nurse, and one social service worker.

Miss Lillian Adair (1919) is engaged in the Dental Clinic of M. G. H., which is one of the largest hospital clinics in America, comprising fifty-two fully equipped chairs. Two dentists are in attendance, one representing the hospital and the other McGill University.

Miss McCarrogher (1923) is now on the staff of S.O.R., Montreal General Hospital.

Miss Lewis M. Brown (1917), Miss Winnifred Scott (1919), Mrs. Eva Bertrand (1920) and Mrs. Gladys Ramsay (1922) are with the V. O. N. in Montreal.

* * * *

ONTARIO

Wellesley Hospital, Toronto

The class of 1923 were entertained by the Alumnae Association at a supper dance on May 23rd, when a delightful time was spent.

Miss Cale (1922) is to be congratulated on obtaining second place at the University of Toronto examinations in the Public Health Department. Miss Cale was only one mark behind the winner of first place.

Toronto General Hospital

The graduating exercises of the 1923 class of the Toronto General Hospital were held in Convocation Hall on May 31st, when eighty-four nurses received diplomas. Mr. C. S. Blackwell acted as chairman, and the address was given by Dr. Pidgeon. Miss Gunn held a reception for the nurses and their friends after the exercises in the grounds of the nurses' residence. The Alumnae Association held a reception and dance in honor of the class on May 25th in the nurses' residence.

Miss Frances Horton (1923) has been appointed assistant head nurse, fifth floor, Private Patients' Pavilion.

Miss Juanita Dunbar (1913) has resigned as head of the housekeeping staff of the main building, and has been appointed night superintendent of the Burnside obstetrical department.

Miss Mabel Knieseley, head worker of the Social Service Department, attended the National Conference of Social Workers held recently in Washington, D. C.

Western Hospital, Toronto

With happy reminiscences and the renewal of former student friendships, the Alumnae of the Toronto Western Hospital celebrated its twenty-fifth anniversary at a reception held in the hospital assembly room on May 25th, 1923. In the receiving line were Miss Jessie Cooper, president, and three past presidents, Mrs. Huston, Mrs. Gilroy and Mrs. MacConnell, the latter the first pupil of the school, who gave a vivid picture of the old days at the meeting. Of the first class of five, three were present. Mrs. York, one of the three and first president of the Alumnae, presided over the gathering in the assembly hall. Flowers were presented to Miss McKee, the present superintendent of the school; Mrs. Shaw (Miss Smedley) and Miss Beatrice Ellis, past superintendents; and to Dr. Stowe Gullen, Mrs. MacConnell, Mrs. York, and Miss Jessie Cooper. Thirteen life memberships were presented by Dr. Stowe Cullen, the first of these to be sent to the mother of Miss Lena Davis, who died in the service of her country. Special mention was made of Miss Drysdale, who won not only the Royal Red Cross, but the French Medaille d'Honneur. The 1923 class were fellow guests with the members of the first class of twenty-five years ago.

St. Joseph's Hospital, London

Twenty-one nurses formed the 1923 class, which held their graduating exercises on April 24th at the Catholic Club Auditorium. Stewart M. Fisher, M.D., presided, and addresses were given by Rt. Rev. Mgr. O'Connor and G. A. Ramsay, M.D. Flowers were presented to the graduates, and an interesting programme was carried out. Dancing followed the formal exercises and closed a delightful function. Miss Essie McPhee was the validictorian of the class and spoke for them. The following nurses formed the class: Misses M. R. Maxwell, G. M. O'Hara, E. S. Truet, M. L. Walsh, M. W. Cuddy, E. MacPhee, H. M. Farrell, E. C. Dalton, K. M. Sullivan, L. A. Rhynd, M. M.

Heringer, M. J. Lawson, C. L. Kuhn, M. J. Lobban, M. Crosbie, E. A. Rafferty, B. G. Stuart, C. A. Gallagher, I. F. Mayers, A. M. Slattery, and B. F. Oakes. The class were the guests of the Alumnae Association the following evening, when a banquet was given. Mrs. Walter Dodd, president, received the guests.

The regular meeting of the Alumnae Association was held in the assembly hall of the hospital, the president, Mrs. Dodd, being in the chair. An interesting address on "The History of Nursing" was given by Dr. W. P. Tew.

OSHAWA

Mrs. M. A. Young, R.N. (Oshawa General Hospital, 1918), has accepted the position of night superintendent of Hamilton General Hospital.

Miss Margaret Silling is relieving Miss Jane Cole, R.N., surgical supervisor of the General Hospital, who is taking a course in the New York Post-Graduate Hospital, New York.

GUELPH

The 1923 class of St. Joseph's Hospital, consisting of Misses Edna Collins, Adrienne Armstrong, Leola Bedford, Elizabeth Roth, Mary Birns, Abigail McCurdy and Winnifred Goetz, took place on May 23rd. The presentation of pins and diplomas were made by Rev. Father Doyle and Dr. A. McKinnon. In addition, the R.N. certificates, which had been sent to the hospital for the graduates, were presented by the mayor, Mr. Stephens. Miss Edna Collins gave the valedictory, and the musical programme, following the usual custom of St. Joseph's Hospital, was provided by the nurses themselves almost entirely. The nurses were the recipients of beautiful flowers, and a reception, with dancing, took place after the formal exercises.

BRANTFORD

Miss Alberta Bartley has accepted the position of floor supervisor at the Danbury Hospital, Danbury, Conn.

Mrs. Cowie has accepted the position of assistant superintendent at the Brantford General Hospital.

* * * *

MANITOBA

The graduating exercises in connection with the Children's Hospital of Winnipeg were held in the nurses' residence on Wednesday evening, May 16th, 1923. Sir James Aikins, Lieutenant-Governor of the Province, addressed the members of the graduating class. Mrs. J. H. R. Bond, the founder of the hospital and first president of the board, presented the diplomas, and Miss Annie S. Kinder, R.N., superintendent, presented the pins and special prizes. The members of the graduating class each carried an armful of "Premier" roses. A reception and dance followed.

Miss Muriel D. Hughes, R.N., has left on an extended visit to her home in Kent, England.

Miss Dorothy Cuddy, R.N., is holidaying at her home in Vancouver, B. C.

Miss Irene Sharpe, R.N. (W.G.H., class 1916), has accepted a position as operating-room supervisor.

Miss Gertrude L. Spanner, R.N., instructor of nurses, leaves next month on a trip to the Coast.

Miss Bertha B. Bloy, R.N. (class 1921), who has been attending the Public Health course at Toronto University, has successfully passed her examinations, obtaining first-class honors. Miss Bloy leaves shortly to take up work in New York State.

A most successful and enjoyable "Bridge" was given by the students of the school in aid of the Memorial Fund. After expenses were paid, one hundred dollars was sent to the committee.

* * * *

ALBERTA

Miss M. McConaghy has returned to Edmonton from Radway City, where she recently resigned from her mission work on account of ill health.

Miss D. Engelcke resigned recently from the staff of the Provost Municipal Hospital, and is doing private duty in Edmonton.

Miss Olive Ross has been appointed to the nursing staff of the School Board, Edmonton.

Mrs. M. A. Boyce has gone to Radway Centre to work in the mission community.

* * * *

BRITISH COLUMBIA

VANCOUVER

The Alumnae Association of St. Paul's Hospital held a card party in the nurses' residence, in aid of the Memorial Fund, on June 1st, which realized the goodly sum of $100.00.

Rev. Sisters Mary Alphonsus and Mary Juliana, of the staff of St. Paul's Hospital, left June 3rd for a visit to Montreal, where they meet, in a family reunion, five nuns and a priest of their immediate family.

The graduation exercises of the class of 1923 at the Vancouver General Hospital were held at 8.30 p.m. on June 1st in the King Edward High School, Vancouver. Sixty-eight nurses from the Vancouver General Hospital received diplomas, and also nurses from the affiliated schools of Port Simpson General Hospital, the R. W. Large Memorial Hospital, Bella Bella, the Ladysmith General Hospital, the Nicola Valley General Hospital, and the Grand Forks General Hospital, received diplomas from their respective schools.

A feature of the evening was the entrance march into the auditorium of all members of the Alumnae gathered for their reunion. They marched in uniform, headed by Miss O'Connor, one of the three members of the first class, and followed by some from each succeeding class up to 1923. The president of the board, Mr. R. R. Burns, acted as chairman. Addresses were given by His Worship Mayor Tisdall; R. E. McKechnie, Esq., M.D., Chancellor of the University of B. C., and J. J. Mason, Esq., M.D.C.M. The valedictory was given by Miss M. R. Layton, president of the class. Special prizes were given to Miss M. R. Layton for general proficiency, Misses N. V. Lewthwaite, M. J. Lee, B. M. Harvie, G. Middleton, M. E. Carpenter, and L. A. Stocker. The diplomas were presented by the chairman, and the badges by Miss Kathleen Ellis, director of nurses.

An excellent musical programme was given, and a reception to the class and their friends was held by Miss Ellis after the formal exercises in the auditorium of the university.

The reunion of the Alumnae of the Vancouver General Hospital was held May 30th-June 1st, inclusive. A good attendance of nurses from the classes 1901 to 1922 were present from out of town, and the city members made every effort to be present at all functions.

Miss Mabel Bonter has accepted a position as night superintendent at the Royal Inland Hospital, Kamloops.

Misses Laird and Buchanan have taken positions at St. Luke's Hospital, Powell River, B. C.

Miss Nellie Waddington (Vancouver General Hospital) acted as one of the six ushers at the Florence Nightingale memorial service at Grace Cathedral, San Francisco, on May 13th.

The monthly meeting of the V.G.N.A. was held on Wednesday, June 6th, in the Corner Club, Miss McLellan, president, in the chair. After the minutes of last meeting had been read there was a discussion of the proposition brought in by the executive for raising money for the community work undertaken for the Creche.

The Rev. Mr. Sovereign gave a very interesting talk on "The Menace of the Movies," pointing out that it is through the eye children receive impressions for good or evil, and asking all to work for the use of a higher standard of film, that children may be helped to cultivate beautiful thoughts and high ideals. Substitution, not prohibition, being what was wanted.

The association will not meet again until the first Wednesday in September; but Miss Ewart, who was appointed convenor for the sale of work, hopes that during the holidays the members will not forget that, once September comes, November is not far off, and much work must be accomplished to make the sale a success.

A rummage sale was held on June 16th, under the auspices of the V. G. N. A., at which the sum of $50.00 was realized.

New Westminster

Medals and diplomas were presented to the fifteen members of the graduating class of 1923 of the Royal Columbian Hospital on May 31st in the auditorium of the Duke of Connaught High School. Diplomas and medals were presented by Mrs. Patchell and Mrs. Thomas Gifford to Misses Edith G. Moore, Alice V. Beckley, Willena Kennedy, Irene M. Abrams, Annette L. Buttrum, Helen M. Craig, Vera G. Madill, Lillian E. Bawtinheimer, Kathleen C. Halliday, Gladys Brown, Jean Estabrooks, Margaret Macdonald, Lila M. Switzer, Lorna C. Miller, and Bertha F. Gatenby. The special medal for proficiency, given by the Graduate Nurses' Association, was won by Miss M. Macdonald; Dr. Rothwell's medal for proficiency in surgical nursing was awarded to Miss M. Switzer, while Misses Willena Kennedy and Kathleen Haliday were given special mention. The medal for high marks, given by the Fraser Valley Medical Association, was given to Miss Lillian E. Bawtinheimer. The class presented Miss Kate Scott with a cut-glass rose bowl filled with roses at the reception given afterwards at the home of Dr. Drew. The speakers of the evening were Mayor T. S. Annadale, Miss Helen Randal, R.N., and Dr. George Drew.

Victoria

The graduating exercises of the 1923 class of the Royal Provincial Hospital took place June 1st, at Alexandra Hall, with sixteen graduates. In addition to a delightful programme, addresses were given by Hon. A. M. Manson, Attorney-General, and Hon. Mr. Justice Galliher. The diplomas were presented by Mr. George MacGregor, president of the board, and the badges by Miss Jessie Mackenzie, R.N., director of nursing. The following nurses obtained their diplomas: Misses Kathleen M. Holland, Olive P. Lemarquand, Florence L. Fullerton, Anne M. Wright, Iva E. Graham, Victoria M. Kelly, Laura E. Cummins, Hazel M. Cook, Sue E. Wright, Rose Jones, Nona D. Fernau, Phyllis C. Bellamy, Rosamond N. Munday, and Jessie W. Penzer. Two students obtained diplomas, being affiliated students of the school—Miss Bertha Bayley and Miss Dorothy N. M. Frampton. Miss Mary Mitchell and Miss I. B. Davy completed terms as post-graduate students in maternity nursing. A pleasing announcement was made in a letter read from Mrs. R. S. Day, which stated that it was the wish of the family of the late Mr. R. S. Day that a scholarship of $100.00 shou'd be given to the student possessing the highest degree of general proficiency in both practical and theoretical nursing, and also "those qualities of mind and spirit which should characterize the members of the nursing profession." This was awarded to Miss Florence Fullerton. The prize, a travelling bag, for proficiency in the operating-room, given by the Canadian Hospital Supply Co., was won by Miss Phyllis Bellamy. Miss Helen McQueen, in her second year, was presented with a prize of $25.00 for practical work; and Miss Clothier, in the same year, a similar prize for highest number of credits in her theoretical work. The bursary, given annually by the V.G.N.A. to the nurse in her first year who is most proficient, was presented to Miss E. J. Brethour.

The monthly meeting of the Victoria G.N.A. was held June 4th, when the resignation of Mrs. Chambers, as secretary, was received with regret. A vote of thanks for her services for over four years was given. Miss Gregory-Allen was elected to serve in her place.

The Private Duty Committee held a most delightful social on June 6th at the Balmoral Hotel, where over one hundred were in attendance. Plans for an informal dance, to be held June 29th at the Nurses' Home, were made.

As a precautionary measure against rickets, and to supplement growth, cod liver oil may advisedly be made a part of the regular diet of all bottle-fed infants and growing children, as well as many nursing mothers, during late winter and the dark, foggy spring months. This medicine, however, only supplements the vitamins which you should continue to buy from the milk vendor and green grocer.—J. G. Drummond.

BIRTHS

Armstrong—On June 12th, 1923, at the Private Pavilion, Toronto General Hospital, to Dr. and Mrs. A. G. Armstrong (Adeline Knox, T.G.H., 1920), a daughter.

Bell—At the Vancouver General Hospital, Vancouver, B. C., on May 4th, 1923, to Mr. and Mrs. Oliver Hamilton Bell (Alberta Winnifred Steacy, V. G. H., 1920), a son.

Best—In Winnipeg, May 30th, 1923, to Dr. and Mrs. Harold Best (Florence Pickles, Toronto General Hospital, 1920), a son.

Brown—At 1 Vernon Road, Chester, England, on April 29th, 1923, to Flight-Lieut. and Mrs. L. L. Brown (Doris Moore, Winnipeg General Hospital, 1917), a daughter.

Drynan—At the McKellar Hospital, Fort William, Ont., on March 6th, 1923, to Mr. and Mrs. J. J. Drynan (Nursing Sister Hannah Marston), a son, John James.

Gillespie—Recently, at the Montreal Maternity Hospital, to Mr. and Mrs. D. Gillespie (M. Backstead, Western Hospital, Montreal, 1921), a daughter.

McIntosh—At the Bute Street Hospital, Vancouver, B. C., on June 3rd, 1923, to Mr. and Mrs. W. G. McIntosh (Margaret Rose, Vancouver General Hospital), a son.

McIntyre—In Toronto, Ont., May 21st, 1923, to Dr. and Mrs. George McIntyre (Gwen Wallace, Toronto General Hospital, 1919), a son.

McMillan—On April 27th, 1923, to Mr. and Mrs. Thos. McMillan (Florence Mark, Regina General Hospital, 1916), of Holstein, Ont., a son.

Milne—On April 7th, 1923, at Salmon Arm, B. C., to Capt. and Mrs. J. E. Milne (Elsie C. Ward, R.N., Regina General Hospital, 1916), a son.

Reid—to Mr. and Mrs. Reid (Martha Brandon, Toronto General Hospital, 1913), a daughter.

Tye—In Collingwood, Ont., to Mr. and Mrs. R. H. Tye (Rose MacNiven, Toronto General Hospital, 1918), on May 24th, 1923, a daughter.

MARRIAGES

Allan-Smith—On June 9th, 1923, at Westmount, P.Q., Kathleen Symmers Smith (Montreal General Hospital) to Alexander Oswald Allan. They will reside in Montreal.

Barwick-Winnal—On March 14th, 1923, at St. James the Apostle Church, by the Rev. Canon Shatford, Kathleen Stella Winnall (Western Hospital, Montreal, 1922) to Angus C. Barwick, Maplewood Avenue, Montreal.

Chalk-Mount—On March 13th, 1923, at St. Barnabas' Church, St. Lamberts, by Rev. H. A. Naylor, Ethel Elizabeth Mount (Western Hospital, Montreal, class 1918) to John Bright Chalk, of Montreal. Mr. and Mrs. Chalk will reside in Boston.

Collins-Johnston—At Toronto, Ont., May 28th, 1923, Helen Johnston (Wellesley Hospital, Toronto, 1922) to Frank Collins, Toronto.

Teakle-Wilson—At Knox Church, Ottawa, Ont., May 28th, 1923, Margaret Rankin Wilson (Jeffery Hales' Hospital, Quebec, 1919) to Mr. Lenox St. John Teakle, of Quebec. Mr. and Mrs. Teakle will reside in Quebec City.

Hart-Crichton—At St. Andrew's Church, Toronto, June 2nd, 1923, Kate Crichton (Toronto General Hospital, 1914) to Dr. Hart, of Toronto.

MacDonald-Davis—At Tilsonburg, Ont., April 26th, 1923, Miriam Davis (Wellesley Hospital, Toronto, 1919) to Leonard MacDonald, Toronto.

McCord-McCurrah—In Toronto, May 30th, 1923, Marion McCurrah (Toronto General Hospital, 1920) to Mr. Norman McCord, of Toronto.

Osbourne-Bellman—At Bowmanville, Ont., April 9th, 1923, Greeta Bellman (Wellesley Hospital, Toronto, 1921) to Russell Osbourne, Newcastle, Ont.

Roberts-Stewart—At Kingston, Ont., Florrie Stewart (Wellesley Hospital, Toronto, 1919) to Fred. Roberts, Toronto, Ont.

Stackhouse-Joice—At Grafton, Ont., Nursing Sister Mabel M. Joice (Toronto Western Hospital, 1914) to Dr. W. R. Stackhouse, of Blythe, Ont. Dr. and Mrs. Stackhouse will reside in Ridgeway, Ont.

Young-Rolland—At Melville Presbyterian Church, Westmount, P.Q., June 6th, 1923, Ethel Beatrice Rolland (Montreal General Hospital) to Morley A. R. Young, M.D., of Edmonton, Alberta. They will reside in Edmonton.

DEATHS

Johnstone—At Fort William, Ont., June 4th, 1923, Isabel Johnstone (McKellar Hospital, Fort William, Ont.). Miss Johnstone was appointed superintendent of McKellar Hospital in April, 1913. Her death followed a long illness, and an operation in June, 1922; and the extent of the loss to the community may be estimated somewhat by the various memorials suggested, including a tablet and the furnishing of a ward in the hospital by her devoted pupils.

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(a) Teaching Principles and Methods—This course includes a choice of general subjects available in the Summer School, such as General Psychology and Principles of Education, Biology, Chemistry, and English. Courses in the History and Ethics of Nursing and in the Teaching of Nursing Principles and Methods will be required for all students choosing this option.

(b) Administration—This course will consist of lectures on Hospital Management in its various phases, together with excursions to various institutions and round-table conferences.

Students taking either course will be permitted to participate in all the activities, social and otherwise, of the Summer School.

Students taking either course will be charged a fee of $10.00.

Further particulars may be obtained from Miss E. Johns, Director of the Department of Nursing, University of British Columbia, Vancouver, B. C.

The peoples who have made liberal use of milk as a food have, in contrast, attained greater size, greater longevity, and have been much more successful in the rearing of their young.—E. V. McCollum.

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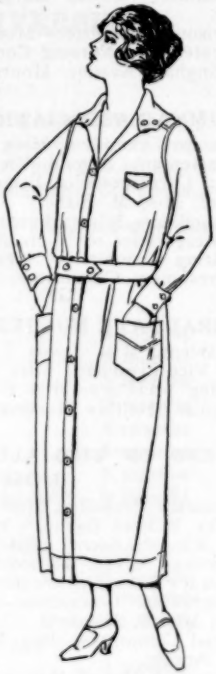

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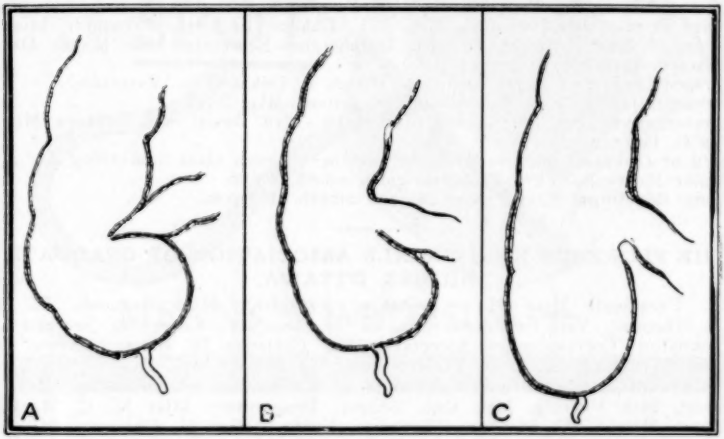

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Representative to "Canadian Nurse"—Miss Anna Curry, Chatham, Ont.

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Regular Monthly Meetings—First Monday of each month at 3 p.m.

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Representative to Toronto Chapter, Miss Alma Henderson.

Visiting Committee, Miss Malcom and Miss Fawcett.

Councillors—Mrs. Yorke, Mrs. Valentine, Miss Beckett, Miss Cooney, Miss Moore.

"Canadian Nurse" Representative—Miss May Anderson, 754 Bathurst St., Toronto.

Regular Meetings—First Friday of each month in assembly hall of hospital.

THE THUNDER BAY GRADUATE NURSES' ASSOCIATION, FORT WILLIAM AND PORT ARTHUR, ONT.

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Convenor of Social Committee—Miss Sara MacDougall, Port Arthur, Ont.

THE ALUMNAE ASSOCIATION OF THE WOODSTOCK GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES

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Regular Monthly Meeting—Second Monday, at 8 p.m.

THE ALUMNAE ASSOCIATION OF THE WELLESLEY HOSPITAL TRAINING SCHOOL FOR NURSES, TORONTO

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THE TORONTO CHAPTER OF THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

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Representative to "Canadian Nurse"—Miss Eva Archer, Assistant Superintendent Nicholls' Hospital, Peterboro.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO

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Press and Publication—Miss Gertrude Gastrell, Riverdale Hospital, Toronto.

Convenor of Sick and Visiting Committee—Mrs. Paton, 27 Crang Avenue, Toronto.

Convenor of Programme Committee—Miss Honey, Riverdale Hospital, Toronto.

Representatives to Central Registry—Mrs. Quirk, 60 Cowan Avenue, Toronto, and Miss D. Johnston, 10 Tyndall Avenue, Toronto.

Representative to Toronto Chapter—Miss Clark, 325 Leslie Street, Toronto.

Representatives to Private Duty Section—Miss Davidson, 322 Brunswick Avenue, Toronto, and Miss Platt, 176 Northcliffe Boulevard, Toronto.

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Press Publication—Miss Ella Knight, 481 Palmerston Avenue.

Social Committee—Miss Perry.

Sick Visiting Committee—Miss McKeown, St. George Apartments, Toronto.

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THE ALUMNAE ASSOCIATION OF GRANT MACDONALD TRAINING SCHOOL FOR NURSES, TORONTO, ONT.

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Representative to Toronto Chapter, G.N.A.O.—Miss Helena M. Hamilton, 130 Dunn Avenue, Toronto.

Press Representative—Miss Brownlow, 744 Duplex Street, Toronto.

Programme Committee—Misses Darment, Forman, O'Neil, Preston.

THE ALUMNAE ASSOCIATION, HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO

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Representative to "Canadian Nurse"—Miss Theresa Fitzpatrick, 753 Wolseley Ave.

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Convener of Registry and Eligibility—Miss C. McLeod.

Sick Visitor—Miss Kid, 12th St., Brandon.

Press Representative—Mrs. W. W. Kid, Suite 14 Imperial Apts., Brandon.

THE GRADUATE NURSES' ASSOCIATION OF MOOSE JAW, SASK.

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Convener of Registration Committee—Miss G, Jordison, R. N., 1038 4th Ave., N. W.

Convener of Constitution and By-Laws—Miss I. Lind, R. N., 176 Hochelaga St., W.

SASKATCHEWAN REGISTERED NURSES' ASSOCIATION

Incorporated March, 1917

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Convenor of Sick and Flower Committee—Miss E. McRae.

Convenor of Social and Programme Committee—Miss B. McGillivray.

Representative to "Canadian Nurse"—Mrs. M. A. Boyce, 9528—106th Street.

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Executive Committee—Mrs. J. Hill, 268 Eighth Street; Mrs. J. Devlin, 57 Fourth Street.

Flower Committee—Miss E. Auger, Medicine Hat General Hospital.

New Membership Committee—Miss A. Phinney, 546-A Sixth Avenue; Miss M. Middleton, Medicine Hat General Hospital.

"Canadian Nurse" Representative—Miss A. Green, 413 Fifth Street; Miss E. Auger, Medicine Hat General Hospital.

Regular Meeting—First Monday in each month.

CALGARY ASSOCIATION OF GRADUATE NURSES

President, Mrs. R. P. Stuart Brown, 1604 25th Ave W., 'Phone W. 1439; 1st Vice-President, Mrs. A. H. Calder; 2nd Vice-President, Miss A. Willison, R.N.; Recording Secretary, Miss Pearl Bishop, R.N.; Treasurer, Miss Marian Parkes; Corresponding Secretary, Miss L. Phillips, R.N., 8 Wallace Apts. 'Phone, M. 2098; Registrar, Miss M. E. Cooper, R.N., 2 Brown Terrace, 1st Street W., 'Phone M. 9427; Convenor for Canadian Nurse" subscriptions, Miss Bella, R.N., 318 21st Ave. W.; Convenor of Sick Committee, Miss M. Parkes; Convenor of Finance Committee, Mrs. A. H. Calder; Books Committee, Miss M. MacLear and Miss Quance; Convenor of Entertainment Committee, Miss Cooper, R.N.; Representatives to Local Council of Women, Mrs. A. H. Calder, Miss M. MacLear, R.N. and Miss Beattie, R.N.

Regular Business Meetings—2nd Thursday of each month at 8 p.m. in the Y.W. C.A. parlors; instructive addresses by various doctors, social entertainments, teas, etc., at intervals.